Lily Fremaux
Ambulatory Care Rotation
H&P 2
06/15/2026

Name: S.R.
DOB: 8/15/1958
Location: Washington Heights Medical Office
Date of Service: 06/09/2026
Address: New York, NY
Source of information: Self
Reliability: Reliable

CC: “Neck masses”

HPI:
67 y/o female with a PMHx of pre-DM (HbA1c 6.2 as of 02/2026), obesity (on Ozempic) and hypothyroidism (on Levothyroxine) presents for evaluation of “neck masses” for two months. Patient reports that two months ago she noticed swelling on each side of her neck just below her jaw. Patient states that it is not painful and has not grown in size. Denies preceding illness, fever, chills, cough, sore throat, congestion, or any other infectious symptoms. Endorses night sweats over this time which she attributes to menopause and states that night sweats started prior to current complaint. Also endorses fatigue, stating that even after sleep she feels tired. Denies any sore throat or difficulty swallowing over this time. Denies any other masses. Denies breast masses or any breast changes such as breast pain, skin changes, or nipple discharge. However, patient denies doing self breast exams at home. Patient’s last mammogram was 04/2025 and per patient was unremarkable. Denies any skin changes such as other masses or lesions. She is wondering if this is a side effect of ozempic. Reports that over the past 6 months she has been taking weekly ozempic shots and that since May 2026 she has been doing it monthly, as she has lost 70 pounds since starting.

Of note, patient is a smoker, reporting 5 cigarettes per day for the past 40 years. States that two years ago she had a CT scan of lungs which was unremarkable and had an unremarkable colonoscopy 2 years ago.

PMHx: Hypothyroidism, obesity
PSHx: Denies
Medications: Levothyroxine, Ozempic
Social: Smokes 5 cigarettes/day for 40 years (10 pack/year). Social EtOH use (one glass of wine per weekend). Denies recreational drug use.

ROS
General: Endorses night sweats, weight loss, and fatigue. Denies fevers and chills.

HEENT: Endorses “neck masses.” Denies sore throat or difficulty swallowing. Denies congestion.
Respiratory: Denies cough,
Breast: Denies breast pain, mass, skin changes, or nipple discharge.
Skin: No other masses or lesions

Physical Exam:

Vitals:

HR: 92 beats/minute
BP: 130/82 RUE seated
SPO2: 99% on RA
RR: 16 breaths/minute

General: Well appearing female in no acute distress, looks older than stated age, well-groomed, not malodorous or disheveled.

HEENT:
Mouth: Oral mucosa pink and moist. No obvious oral lesions or masses. Oropharynx without erythema or exudates. Tonsils without enlargement or visible masses.

Neck:
Bilateral tonsillar lymphadenopathy- two discrete 2cm x 2cm masses, just below TMJ that are firm, mobile, non-tender, with well-circumsized borders and without overlying erythema.
No other lymphadenopathy including to the posterior auricular, preauricular, occipital, submandibular, submental, superficial cervical, deep cervical, posterior cervical, or supraclavicular.
Trachea midline.
No thyromegaly or palpable thyroid nodules appreciated

Skin: No obvious lesions.

Heart: Regular rate and rhythm. Normal S1, S2. No murmurs, rubs, or gallops.

Lungs: Clear to auscultation bilaterally. No increased work of breathing. Speaking in full sentences.

Assessment:

67 y/o female with a PMHx of obesity (on Ozempic), hypothyroidism, with a 10 pack/year smoking history presents with bilateral “neck mass” for 2 months that is non-painful and has not changed in size. On exam, patient with bilateral tonsillar lymphadenopathy approximately 2cm x2cm that is firm, mobile, non-tender, with well-circumsized borders and without overlying erythema. Reactive lymphadenopathy secondary to recent infection possible; however, patient denies recent illness and duration of two months is atypical. Possible malignancy/cancerous process such as lymphoma, leukemia, metastatic head and neck or lung malignancy given

duration of symptoms, size, and firm on exam. Additionally patient endorsing systemic symptoms such as night sweats and fatigue. Also reports a 70 pound weight loss in the past 6 months while taking Ozempic, but underlying malignancy must be ruled out. However, masses mobile with well-circumsized borders which less typical of malignancy. Lastly, Consider systemic inflammatory conditions such as SLE; however , patient's age and lack of other symptoms makes less likely. Lastly, consider side effect of ozempic, as it is a reported although not common side effect.

DDx:

- Reactive lymphadenopathy secondary to infection- viral vs bacteria
- Lymphoma
- Leukemia
- Metastatic cancer
- Autoimmune/inflammatory conditions such as SLE
- Medication-related lymphadenopathy (Ozempic; uncommon)

Plan:

- Labs including:
  - CBC with differential
  - CMP
  - ESR, CRP
  - LDH
  - ANA and Anti-dsDNA
  - TSH with reflex T4
- Referral for neck US with possible follow-up MRI pending US results
- Referral to mammogram and low-dose lung CT as part of screenings
- Follow-up in clinic to discuss results of the above